

John R. Ashcroft Secretary of State
2019-2020 BIENNIAL REGISTRATION REPORT
NONPROFIT

N00044461
Date Filed: 5/15/2019
John R. Ashcroft
Missouri Secretary of State

☒ I ELECT TO FILE A BIENNIAL REGISTRATION REPORT

*** SECTION 1, 3 & 4 ARE REQUIRED**

REPORT DUE BY: <u>8/31/2019</u>

N00044461
MEMBERS IN SOLIDARITY FUND
EDWARD ROBINSON
583 TRITON WAY
ELLSVILLE MO 63011

	ORGANIZED UNDER THE LAWS OF: <u>Missouri</u>
1	PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS: * 9825 rich keen court (Required) STREET <u>St. Louis MO 63126</u> CITY / STATE ZIP

2	<p>If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.</p> <p><input type="checkbox"/> The new registered agent _____</p> <p>IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.</p> <p><input checked="" type="checkbox"/> The new registered office address <u>9825 rich keen court St. Louis MO 63126</u></p> <p>Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.</p>
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	OFFICERS NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST PRESIDENT AND SECRETARY BELOW</u>	BOARD OF DIRECTORS NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST AT LEAST THREE DIRECTORS BELOW</u>
3	<p><u>PRESIDENT</u> <u>Pearson, Vance</u></p> <p>STREET <u>1727 ciera ridge court south</u></p> <p>CITY/STATE/ZIP <u>St Charles MO 63303</u></p> <p><u>SECRETARY</u> <u>robinson, edward</u></p> <p>STREET <u>583 triton way dr</u></p> <p>CITY/STATE/ZIP <u>ellisville MO 63011</u></p> <p>STREET _____</p> <p>CITY/STATE/ZIP _____</p> <p>STREET _____</p> <p>CITY/STATE/ZIP _____</p>	<p><u>NAME</u> <u>Stahl, Don</u></p> <p>STREET <u>2879 Johnston ridge</u></p> <p>CITY/STATE/ZIP <u>Festus MO 63028</u></p> <p><u>NAME</u> <u>pearson, vance</u></p> <p>STREET <u>1727 ciera ridge ct south</u></p> <p>CITY/STATE/ZIP <u>st charles MO 63303</u></p> <p><u>NAME</u> <u>robinson, edward</u></p> <p>STREET <u>583 triton way dr</u></p> <p>CITY/STATE/ZIP <u>ellisville MO 63011</u></p> <p><u>NAME</u> _____</p> <p>STREET _____</p> <p>CITY/STATE/ZIP _____</p>
	NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED	

4	The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 575.060 RSMo. Photocopy or stamped signature not acceptable. *	
	Authorized party or officer sign here	<u>Vance Pearson</u> (Required)
	Please print name and title of signer:	<u>Vance Pearson</u> / <u>President</u>
		NAME TITLE

REGISTRATION REPORT FEE IS: __ \$20.00 If filed on or before 8/31/2019 __ \$25.00 If filed after 9/30/2019 Corporation will be administratively dissolved if report is not filed by 11/29/2021

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

E-MAIL ADDRESS (OPTIONAL): _____